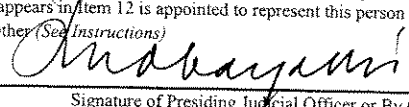


CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./DIV. CODE HIXHO		2. PERSON REPRESENTED ROBERT ALEXANDER SIGOUIN		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 05-00248-02 JMS		5. APPEALS DKT./DEF. NUMBER		
6. OTHER DKT. NUMBER		7. IN CASE/MATTER OF (Case Name) USA V. Virginia Rosas Guerrero		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		10. REPRESENTATION TYPE (See Instructions)				
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:841						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS GLENN CHOY, ESQ. #1985 735 BISHOP ST., STE. 320 HON., HI 96813 Telephone Number: (808) 533-7007			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney <input checked="" type="checkbox"/> X P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ JERRY WILSON Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 1/17/06 1/17/06 Date of Order Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
					MATH/TECH. ADJUSTED HOURS MATH/TECH. ADJUSTED AMOUNT ADDITIONAL REVIEW	
In	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
Out of	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____			20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		21. CASE DISPOSITION	
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP.	24. OUT OF COURT COMP.	25. TRAVEL EXPENSES	26. OTHER EXPENSES	27. TOTAL AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER			DATE	28a. JUDGE/MAG. JUDGE CODE		
29. IN COURT COMP.	30. OUT OF COURT COMP.	31. TRAVEL EXPENSES	32. OTHER EXPENSES	33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>			DATE	34a. JUDGE CODE		

UNITED STATES DISTRICT COURT

DISTRICT OF HAWAII
300 ALA MOANA BLVD. RM C-353
HONOLULU, HAWAII 96850

LESLIE E. KOBAYASHI
UNITED STATES MAGISTRATE JUDGE

TELEPHONE: (808) 541-1331
FAX: (808) 541-1386

January 17, 2006

Glenn Choy, Esq.
735 Bishop Street
Suite 320
Honolulu, Hawai'i 96813

Re: U.S.A. v. Robert Alexander Sigoin
CR. NO. 05-00248-02 JMS

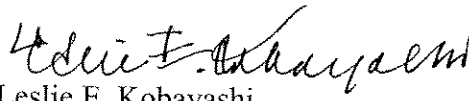
Dear Mr. Choy:

Thank you for accepting the court's appointment to represent Robert Alexander Sigoin in the above-entitled matter.

Enclosed is your appointment voucher.

As a reminder, any withdrawal and substitution of counsel, whether the substitute counsel is a panel attorney or a retained attorney, must have the prior approval of this court.

Very truly yours,


Leslie E. Kobayashi
United States Magistrate Judge

LEK:sq
Enclosures